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APPOINTMENT OF CITY HEALTH COMMISSIONER.

COURT DECIDES THAT APPOINTMENT MADE UPON CERTIFICATION BY CIVIL SERVICE COMMISSION WAS LEGAL THOUGH BY MISTAKE THE WRONG PERSON HAD BEEN CERTIFIED.

In 1914 an examination was held by the civil service commission of Kansas City, Kans., to fill a vacancy in the office of health commissioner. Two names were certified for appointment, and Dr. C. W. McLaughlin was selected and appointed. Later the civil service commission discovered that an error had been made in totaling the grades, and that the name of Dr. McLaughlin should not have been certified. The city commissioners attempted to remove him from the office, but the Supreme Court of Kansas decided that Dr. McLaughlin's appointment was made in compliance with the statute, and that it was therefore legal notwithstanding the mistake.

The opinion of the court is published in this issue of the Public Health Reports, page 967.

THE CONTROL OF TYPHOID FEVER.

A DEMONSTRATION OF EFFICIENCY IN HEALTH ADMINISTRATION.

The necessity for painstaking work and attention to details in the control of a disease is well exemplified in the methods employed by the New York City Department of Health in the control of typhoid fever and in the results obtained by the use of these methods. Many health departments are not in a position to do such thorough work, and to the degree that this is so the protection which they give to their respective communities must be less real.

In New York City every case of typhoid fever reported to the department of health is visited by a nurse, who makes careful inquiries of the family into the history of the case and records the facts elicited on a special history card. These cards are then analyzed by the chief of the division of epidemiology, and, if necessary, additional investigations are undertaken to learn the source of infection and to see that further infections are prevented.

Each borough is divided into several sections, in each of which is located a branch office in charge of a physician and having attached to it district diagnosticians and nurses. There are in all 19 branch offices in the city of New York. When a report of a case is forwarded to the borough office, it is telephoned to the branch office for the district in which the case is located. The case is assigned to a district nurse, who calls at the home of the patient and interviews a responsible member of the family for the purpose of obtaining, as regards the patient, the age, the business address, the date of onset, the beginning of prodromal symptoms, and all of the food habits which may be of service in tracing the infection, including the milk supply, water supply, use of raw oysters or green vegetables or other raw foods, and, in special cases, particular articles of diet, such as ice cream, etc. There are also noted other things important in tracing the source of infection, as the whereabouts of the patient for a period of one month preceding the onset; whether there has been any suspicious illness among any of the friends or relatives of the patient or in the house in which the patient lives, or among the servants; and whether there has been any typhoid fever in the family during the past few years. It is not necessary to annoy the patient with these questions, as almost invariably this information can be better obtained from another member of the household.

The nurse makes inquiry as to what measures are taken to prevent other persons from contracting the disease; whether the patient has a separate room and bed; who nurses the patient; whether the dishes are sterilized; and whether every effort is made to prevent the dissemination of infective material. Special cards of instruction are provided for the convenience of the family, informing them as to how best to prevent the infection of other people.

Special attention is given to food handlers. If the patient has been engaged in the manufacture or sale of food material, he or she may not return to work until several fecal examinations fail to disclose the presence of typhoid bacilli. No food handler who is a member of the household in which there is a case of typhoid may continue to reside at home unless the patient be removed to a hospital.

The varied information collected by the nurse is forwarded to the division of epidemiology on a special history card and is carefully studied. A tabulation is made of all cases, with appropriate grouping of the several items according to their bearing upon infection.

Painstaking methods of the kind above described are the ones which have been effective in the eradication of such diseases as plague and yellow fever. They are the methods which must be employed in any serious attempt to control any disease.

It is of interest to compare the typhoid death rate of New York with the rates of other large cities. The following table shows the

typhoid death rates per 100,000 population for 1914 of cities of the United States having an estimated population of over 500,000, and of Buffalo, Los Angeles, San Francisco, Washington, and Rochester:¹

Baltimore.....	22.6	Pittsburgh.....	15.0
Boston.....	9.0	St. Louis.....	12.0
Chicago.....	6.6	Buffalo.....	16.3
Cleveland.....	8.1	Los Angeles.....	7.7
Detroit.....	14.1	San Francisco.....	12.7
New York.....	6.3	Washington.....	11.9
Philadelphia.....	7.6	Rochester.....	10.2

It will be noted that the rate for New York City was lower than that for any of the other metropolitan centers, and that of Chicago was second. That great reductions in the rates have been made in these cities is shown by the fact that in 1900 the corresponding typhoid rate for New York City was 20.8; in 1905 it was 16; in 1910, 11.6; and in 1914, 6.3, while the Chicago rate was 19.8 in 1900, 16.9 in 1905, 13.7 in 1910, and 6.6 in 1914.

There would seem to be no good reason why typhoid fever should spread in intelligent urban populations. The factor of water as a carrier should be eliminated, milk as a carrier should be eliminated, and the spread of the disease by flies should be negligible, because there should be few flies in a city. Most of the cases in properly maintained cities would undoubtedly be instances of infection imported from the country and rural districts. Bolduan, of the New York City Department of Health, believes that the typhoid fever of most of our large cities has been due largely to imported infection, and this seems to be borne out by the epidemiologic data of the New York City cases for the year 1915. Of the 874 cases for this year, of which satisfactory data as to the probable source of infection were obtained, 372 received their infection definitely out of town, and 112 more were due to milk which had become infected outside of the city.

BREAD AS A FOOD.

CHANGES IN ITS VITAMINE CONTENT AND NUTRITIVE VALUE WITH REFERENCE TO THE OCCURRENCE OF PELLAGRA.

By CARL VOEGTLIN, Professor of Pharmacology, M. X. SULLIVAN, Biochemist, and C. N. MYERS, Technical Assistant, United States Public Health Service.

Bread has been from time immemorial the staple article of diet of the greater part of the human race. This statement applies particularly to people living under more or less poor economic circumstances, as the cereal foods are comparatively cheap and may be obtained

¹ The rates given were furnished by the Bureau of the Census.